

Wichita Falls Health Department, Vital Records Office
 1700 Third St., Wichita Falls, Texas 76301
 Phone: (940) 761-7801 or 7802 Fax: (940) 761-7693

OFFICE USE ONLY	
Paper #:	
Amt Rec'd:	
Receipt #:	
Date:	

APPLICATION FOR A CERTIFIED BIRTH OR DEATH RECORD

Birth Records are confidential for 75 years and Death Certificates for 25 years. Confidential Records may be issued only to a properly qualified applicant. Other records may be obtained when sufficient information for identification is provided.

Please attach a copy of your state issued I.D. or two documents with name and signature.

Birth Certificates / Death Certificates			
Type	Costs	# of copies	Total
Full Sheet Birth Certificate – born in Wichita Falls	\$ 23		
Half Sheet Birth Certificate – born in Texas, outside Wichita Falls	\$ 23		
Plastic Cover full or half sheet	\$ 1		
First Copy Death Certificate	\$ 21		
Additional Copies of Death Certificate	\$ 4		
Regular Mail	No extra costs		
UPS (1-2 Business Days)	Please call for price		
Convenience Fee for Credit Card Transactions	\$ 3.50		
			Total

Payment Information (No Checks Accepted)	
Money Order	<input type="checkbox"/>
Credit Card	MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>
Credit Card Number	
Name on Credit Card	
Expiration Date	
3 Digit Security Code on back of Credit Card	
Billing Address (if different from mailing address)	
Cardholders Signature	

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. APPLICANT'S (YOUR) NAME _____

8. APPLICANT'S DAYTIME PHONE NUMBER (_____) _____

9. APPLICANT'S MAILING ADDRESS _____
STREET ADDRESS, CITY, STATE, ZIP CODE

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____

11. PURPOSE FOR OBTAINING THIS RECORD _____

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT? ☐ YES ☐ NO

☐ I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

NAME _____

ADDRESS _____
STREET ADDRESS, CITY, STATE, ZIP CODE

APPLICANT'S SIGNATURE _____ DATE _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (TEXAS HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)